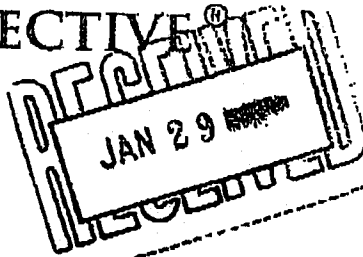


I



SELECTIVE[®]



1-23-08

Selective Insurance Company of America
David Koch
PO Box 753
New City, NY 10956
Phone#: 845-639-5326
Fax#: 845-639-5327
david.koch@selective.com

Sent Certified Mail/Return Receipt

Palisades Lodging Corp dba Comfort Inn - Nanuet
425 East Rte 59
Nanuet, NY 10954

RE: Insured: Palisades Lodging Corp dba Comfort Inn - Nanuet
Claimant: Nicole Simpson
Claim#: 20701922
D/L: 10-6-06
Pol#: S1484818

RESERVATION OF RIGHTS

Dear Policyholder:

We acknowledge receipt of the above listed loss, received on 10-5-07 from your agent, Bollinger Inc, under policy, # S-1484818 with effective dates of 10/1/2006 to 10/1/2007, requesting that Selective Insurance Company of America (herein "Selective"), provide coverage for Palisades Lodging Corp dba Comfort Inn - Nanuet.

In reviewing this Commercial Property policy, S-1484818, we have some concerns regarding whether this insurance will provide coverage for this loss. Therefore, we need to advise you of our coverage concerns at this time.

Please refer to the pertinent forms found in the policy, specifically CG 00 01 10/2001, which states;

SECTION IV — COMMERCIAL GENERAL LIABILITY CONDITIONS, which states;

2. Duties In The Event Of Occurrence, Offense, Claim Or Suit

a. You must see to it that we are notified as soon as practicable of an "occurrence" or an offense, which may result in a claim. To the extent possible, notice should include:

- (1) How, when and where the "occurrence" or offense took place;
 - (2) The names and addresses of any injured persons and witnesses; and
 - (3) The nature and location of any injury or damage arising out of the "occurrence" or offense.
- b. If a claim is made or "suit" is brought against any insured, you must:
- (1) Immediately record the specifics of the claim or "suit" and the date received; and
 - (2) Notify us as soon as practicable. You must see to it that we receive written notice of the claim or "suit" as soon as practicable.
- d. No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

Next, please refer to the pertinent forms found in your ElitePac General Liability Extension, specifically CG7202 07/2005, which states;

Knowledge Of Occurrence, Claim, Suit Or Loss

The requirements for reporting and sending claim or "suit" information to us, including provisions related to the subsequent investigation of such claims or "suits", under Duties In The Event Of Occurrence, Offense, Claim Or Suit do not apply until after the "occurrence" or offense is known to:

1. You, if you are an individual;
2. A partner, if you are a partnership;
3. An "executive officer" or insurance manager, if you are a corporation;
4. Your members, managers or insurance manager, if you are a limited liability company; or
5. Your elected or appointed officials, trustees, board members, or your insurance manager if you are an organization other than a partnership, joint venture, or limited liability company.

Next please refer to your policy form CXL 4 04/2003 Commercial Umbrella Liability Coverage which states:

C. Duties In The Event Of Occurrence, Claim Or Suit

1. You must see to it that we are notified as soon as practicable of an "occurrence" or An offense which may result in a claim. To the extent

possible, notice should include:

- a. How, when and where the "occurrence" or offense took place;*
 - b. The names and addresses of any injured persons and witnesses; and*
 - c. The nature and location of any injury or damage arising out of the "occurrence" or offense.*
- 2. If a claim is made or "suit" is brought against any insured, you must:*
- a. Immediately record the specifics of the claim or "suit" and the date received; and*
 - b. Notify us as soon as practicable.*

You must see to it that we receive written notice of the claim or "suit" as soon as practicable.

- 3. You and any other involved insured must:*
- a. Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit";*
 - b. Authorize us to obtain records and other information;*
 - c. Cooperate with us in the investigation or settlement of the claim or defense against the "suit"; and*
 - d. Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of injury or damage to which this insurance may also apply.*
- 4. No insureds will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense other than for first aid, without our consent.*

In summary, since the loss occurred on October 6, 2006, and was not reported to Selective until October 5, 2007, we have an issue with regards to timely notice as outlined in the conditions of your policies. Selective hereby reserves its right to possibly deny coverage for this loss, based on the previous policy language.

We must further advise you that this reservation of rights letter does not constitute, and is not intended, as a waiver of any other rights, or terms, conditions, definitions, or exclusions in the policy contract. This also does not waive any rights you have under the policy contract as well.

You also have the right to employ legal counsel of your own choice, at your own expense, to protect your interests in this matter.

Please be advised that we will proceed with the investigation of this matter. Please

understand that our investigation of this case does not mean we are providing coverage. We still need to determine if there is coverage for this matter.

We will advise you, as soon as we have enough information, regarding whether we will provide coverage, in whole or in part, for this case.

If you have any questions please feel free to contact me.

Sincerely,



David Koch
Claims Management Specialist

CC: Bollinger, Inc., 101 JFK Parkway, Short Hills, NJ 07078

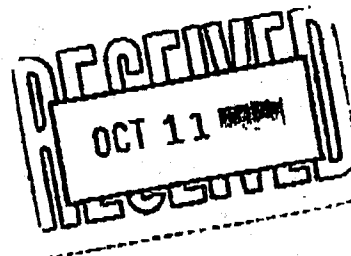


SELECTIVE
Insurance

SELECTIVE INSURANCE
40 Wantage Avenue
Branchville, New Jersey 07890
1-800-777-9656

October 5, 2007

Palisades Lodging Corp T/a Comfort Inn- Nanuet Rockland
425 E Route 59
Nanuet, NY 10954-2908



RE: INSURED: Palisades Lodging Corp T/a Comfort Inn- Nanuet Rockland
CLAIMANT: NICOLE SIMPSON
CLAIM NUMBER: 20701922
DATE OF LOSS: 10/6/2006
POLICY NUMBER: S1484818
AGENT NUMBER: 00-01502-00000

Dear Policyholder:

This letter is sent to acknowledge receipt of your recent claim. This loss was reported to us on 10/05/2007.

If you have not been contacted regarding this claim please contact me at the number listed below. If your claim has already been settled there is no need to contact us.

Thank you.

Sincerely,

David Koch
PO Box 753
New City, NY 10956
(845) 639-5326

REGIONAL OFFICE
40 Wantage Avenue
Branchville, NJ 07890-1000
(973) 948-3000
(800) 777-9656



BY CHOICE HOTELS

FACSIMILE TRANSMITTAL SHEET

TO:	Gail Pastushenko	FROM:	Lorrie J. Crouch, General Manager
COMPANY:	Bollinger	DATE:	10/05/07
FAX NUMBER:	973.921.2876	TOTAL NO. OF PAGES INCLUDING COVER:	- 16 -
PHONE NUMBER:	973.467.0444	SENDER'S REFERENCE NUMBER:	
RE:	Incident Report - Nicole Simpson	YOUR REFERENCE NUMBER:	
<input checked="" type="checkbox"/> URGENT <input checked="" type="checkbox"/> FOR REVIEW <input type="checkbox"/> PLEASE COMMENT <input type="checkbox"/> PLEASE REPLY <input type="checkbox"/> PLEASE RECYCLE			
NOTES/COMMENTS:			

As per our conversation, please see attached claim. If you have any questions, please call.

Thank you,

Lorrie J. Crouch

425 EAST ROUTE 59
NANUET, NEW YORK 10954
(845) 623-6000
FAX (845) 623-9338

Yahoo! Mail - comfortinnnanuet@yahoo.com

Page 1 of 1



Print - Close Window

Subject: RE: Ltr from Nicole Simpson re 10/06/06 Incident

Date: Thu, 4 Oct 2007 10:19:41 -0400

From: "Jeff Weinberger" <jeff@caliberbuilders.com>

To: "Comfort Inn & Suites - Nanuet" <comfortinnnanuet@yahoo.com>

Send this to our insurance carrier. I will not reimburse the room nights.

From: Comfort Inn & Suites - Nanuet [mailto:comfortinnnanuet@yahoo.com]

Sent: Thursday, October 04, 2007 10:09 AM

To: Jeff Weinberger

Subject: Ltr from Nicole Simpson re 10/06/06 Incident

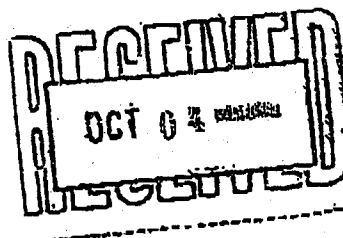
Attached please find letter received today (via Fedex). Please review and advise, would like to send it to insurance.

Thank you,

Lorrie

Comfort Inn & Suites
425 East Route 59
Nanuet, NY 10954
845 623-6000 Phone
845 623-9338 Fax

Shape Yahoo! in your own image. [Join our Network Research Panel today!](#)



October 1, 2007

To whom it may concern:

My name is Rosalind W. Simpson, my daughter, Nicole N. Simpson and I were guest at your hotel from October 4 - 7, 2006. During our stay Nicole was injured on that Friday October 6th, when the housekeeping lady sucked up the cell phone charger (which was plugged up into the lamp) with the vacuum cleaner. The base of the charger slammed across the top of Nicole's foot several times uncontrollably, injuring the top of Nicole's foot. Nicole was five months pregnant at the time and only wanted to be seen by her doctor in Virginia.

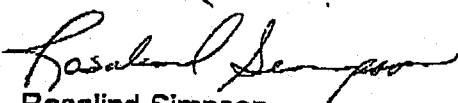

I talked with a hotel employee (Lorrie Crouch) by phone on October 12, 2006 telling her Nicole went to the doctor on October 11, 2006. I was told to send medical report and bills.

After original x-rays were taken and different methods of treatment suggested, Nicole continued to have problems with swelling and pain on the top of her right foot. Second x-rays were taken and Nicole was sent to an orthopedic specialist. As of 10-1-07 Nicole continues to have soreness and swelling and is unable to wear certain shoes if they go across the injured part of her foot.

We would like to be reimbursed for our stay at your hotel because we were not able to continue the business we had come for and had to return again later staying at the Hilton Garden. We would also like to be reimbursed for doctor bills and continued doctor visits and treatments that may be needed. Nicole would like to be compensated for her pain and suffering. She still has a fear of vacuum cleaners due to the trauma she experienced.

We would like to discuss a fair settlement. We can be reached at (540) 400-0429 or by mail at 1048 Grove Lane Roanoke, VA 24012

Sincerely,


Rosalind Simpson

Nicole Simpson

Carillon Family Med. C - Roanoke-Salom
1314 Peters Creek Road NW
Roanoke, VA 24017
(540) 562-5700 Fax: (540) 562-4278

February 6, 2007

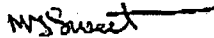
NICOLE N SIMPSON
1048 GROVE LANE NW
ROANOKE, VA 24012

re: NICOLE N SIMPSON
1048 GROVE LANE NW
ROANOKE, VA 24012

To whom it may concern:

After her injury while at your hotel in early October 2006, Ms. Simpson continues to have focal foot pain and notable swelling of the pain despite 3 months of relative rest and altered shoe-wear. We recently repeated a foot xray which did not show evidence of missed fracture. I'm concerned that her fore-foot joint was disrupted at the time of this injury and am recommending that she see an orthopedic surgeon for an opinion on what may improve her symptoms. She is currently in her third trimester of pregnancy. I recommend that she see the orthopedic surgeon after her delivery. We will keep you updated on her status.

Sincerely,



Mary Gayle Sweet, M.D.

<input type="checkbox"/> North		<input checked="" type="checkbox"/> Vinton		<input type="checkbox"/> Botetourt	
PATIENT NAME (LAST)		PATIENT NAME (FIRST)		PATIENT NAME (MIDDLE)	
SIMPSON, NICOLE N.					
PARENT OR GUARDIAN		DATE OF BIRTH		AGE	SEX
		8/30/84		22	F
ADDRESS		STREET ROUTE BOX		TOWN CITY	STATE ZIP
1048 GROVE LANE ROANOKE, VA.		24012		TELEPHONE NO.	
				400-0429	
EXAMINATION					
RIGHT FOOT					
DATE OF EXAM		ROOM NUMBER	HOSPITAL NO	REFERRING PHYSICIAN	
10/11/06				DR. GREENAWALD	
COMMERCIAL INSURANCE		CONTRACT NO.		MEDICARE AND/OR MEDICAID	
BLUE CROSS NO & PLAN					
RESPONSIBLE PARTY & EMPLOYER				CURRENT DIAGNOSIS	
CHARGE CODE NO.		CLINICAL INFORMATION			
		BLUNT TRAUMA TO FOOT			
57-0820		FILM JACKET LABEL		mhb 10/11/06 Technologist Date	

Medicenters		R/S 5687		Family Medical Centers	
<input type="checkbox"/> North		<input checked="" type="checkbox"/> Vinton		<input type="checkbox"/> Botetourt	
PATIENT NAME (LAST)		PATIENT NAME (FIRST)		PATIENT NAME (MIDDLE)	
SIMPSON, NICOLE N.					
PARENT OR GUARDIAN		DATE OF BIRTH		AGE	SEX
		8/30/84		22	F
ADDRESS		STREET ROUTE BOX		TOWN CITY	STATE ZIP
1048 GROVE LANE N.W. ROANOKE, VA.		24012		TELEPHONE NO.	
				4---0429	
EXAMINATION					
RIGHT FOOT					
DATE OF EXAM		ROOM NUMBER	HOSPITAL NO	REFERRING PHYSICIAN	
1/5/07				DR. SWEET	
COMMERCIAL INSURANCE		CONTRACT NO.		MEDICARE AND/OR MEDICAID	
BLUE CROSS NO & PLAN					
RESPONSIBLE PARTY & EMPLOYER				CURRENT DIAGNOSIS	
CHARGE CODE NO.		CLINICAL INFORMATION			
		PERSISTENT PAIN			
57-0820		FILM JACKET LABEL		mhb 1/5/07 Technologist Date	

Carilion Family Medicine - Roanoke-Salem
1314 Peters Creek Road NW Roanoke, VA 24017
(540) 562-5700 Fax: (540) 562-4278

November 17, 2006
Page 3
Chart Document

NICOLE N SIMPSON
DOB: 08/30/1984
Female

Home: (540)400-0429
Work: (540)793-0384X
XXX-XX-7872

.....MaryBeth Sweet MD November 17, 2006 1:34 PM

.....MaryBeth Sweet MD

Allergies

NAPROSYN (NAPROXEN)

* RED DYE

Problems Assessed

Assessed FOOT PAIN, RIGHT as unchanged - MaryBeth Sweet MD

Assessed SUPERVISION, NORMAL FIRST PREGNANCY as unchanged - MaryBeth Sweet MD

Rosp: 16

Signed by MaryBeth Sweet MD on 11/17/2006 at 1:35 PM

Carilion Family Medicine - Roanoke-Salem

1314 Pelers Creek Road NW Roanoke, VA 24017

(540) 562-5700 Fax: (540) 562-4278

November 17, 2006

Page 2

Chart Document

NICOLE N SIMPSON

DOB: 08/30/1984

Female

Home: (540)400-0429

Work: (540)793-0384X

XXX-XX-7872

2nd trimester comments: discussed back health, mental health, social supports, plans for breastfeeding, birth classes

Pregnancy History

Total Preg.: 1

HISTORIES

Allergies:

NAPROSYN (NAPROXEN)

* RED DYE

Physical Exam

Fundal Ht: 26

FHT: 140's

Extremities: R foot with focal swelling and tenderness over dorsal 3-5th proximal metatarsals; focal tenderness over perilumbar back muscles

Pregnancy Dating

LMP: 05/16/2006

EDC by LMP: 02/20/2007

EGA by LMP: 26W3D

Date 1st US: 07/20/2006

EGA at 1st US: 10W1D

EDC by st US: 02/14/2007

EGA by 1st US: 27W2D

Working EDC: 02/20/2007

Working EGA: 26W3D

Pregnancy History

Total Preg.: 1

Exam

EGA: 26W3D

Fundal Ht: 26

FHT: 140's

Progress Note(s):

11/17/2006

Pregnancy going well. No vaginal bleeding or discharge. Has good fetal movement. No uti sx. Recently started drinking more water. Still with bilateral low back pain, nonradiating. Not doing any stretching exercises, heat, focal care. Still with unchanged R dorsal foot pain and swelling. Exam as above. REcommended push water intake, do low back stretches, gave cast shoe for support of foot for possible occult fracture or nonhealing ligamentous injury. If not improving with this, xray on Fu. Educated re: 28 week visit. FU 3 weeks for labs, routine visit.

CARILION MEDICAL CTR PHYSICIAN
PO BOX 40026
ROANOKE, VA 24022-0026

NOW YOU CAN PAY ONLINE AT <https://b2b.carilion.com/pay>
YOUR INTERNET ACCOUNT #: HBP 226537872

226537872 HBP SIMPSON NICOLE N 0000045800

To:
NICOLE SIMPSON
1048 GROVE LANE NW
ROANOKE, VA 24012

Send Payment To:
CARILION MEDICAL CTR PHYSICIAN
PO BOX 40026
ROANOKE, VA 24022-0026

Office Phone Number 540 224-5688	Statement Date 11/24/06	New Balance 458.00
Page No 1	Account Number 226537872	SHOW AMOUNT PAID HERE \$

NOTE: Payment can be made with your Visa, Mastercard, Discover, or Medke.

Name _____

Cardholder # _____ Exp. Date _____

CHARGES APPEARING ON THIS STATEMENT ARE NOT INCLUDED ON ANY HOSPITAL BILL OR STATEMENT:

DATE	DOCTOR NAME	EXPLANATION OF ACTIVITY	PATIENT NAME	CHARGES AND DEBITS	PAYMENTS AND CREDITS
092406		PREVIOUS BALANCE:		0.00	
091506	SWEET MD	ROUTINE OBSTETRIC CARE	NICOLE	N	0.00
101106	GREENAWALD M	TREAT METATARSAL FRACTURE	NICOLE	N 458.00	
101706	SWEET MD	ROUTINE OBSTETRIC CARE	NICOLE	N	0.00

Statement Closing Date: 11/24/06 PLEASE INDICATE YOUR ACCOUNT NUMBER WHEN CALLING OUR OFFICE: Account No 226537872

SEND INQUIRIES AND/OR COMMUNICATIONS REGARDING DISPUTED AMOUNTS TO:

CARILION MEDICAL CTR PHYSICIAN
PO BOX 11652
ROANOKE, VA 24022-1652

Balance shown on statement does not
reflect claims pending with insurance.

CALL 540-224-5688 OR 1-800-540-1487 M,W,F 9-4 & T,TH 9-7

NEW BALANCE
PAY THIS AMOUNT
458.00

Carilion Family Medicine - Roanoke-Salom
1314 Peters Creek Road NW
Roanoke, VA 24017
(540) 562-5700 Fax: (540) 562-4278

November 17, 2006

NICOLE N SIMPSON
1048 GROVE LANE NW
ROANOKE, VA 24012

Dear Ms. SIMPSON:

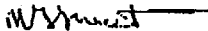
I'm enclosing your office note from this morning as it refers to your foot. I hope the cast shoe helps your discomfort.

If you call Carilion Direct at 266-6000, they have a listing of the available birth education classes, breastfeeding classes, etc. I understand that your insurance pays for these classes, so please call and see what you might be able to take.

I'm also enclosing a note about some extra benefits your insurance covers, called the "healthy heartbeats program". The next time you are in our office, please be sure to see Felicia, our financial counselor, about this.

I look forward to seeing you back in 3 weeks.

Sincerely,



Mary Gayle Sweet, M.D.

Carilion Family Medicine - Roanoke-Salem
1314 Peters Creek Road NW Roanoke, VA 24017
(540) 562-5700 Fax: (540) 562-4278

October 17, 2006
Page 2
Chart Document

NICOLE N SIMPSON

DOB: 08/30/1984
Female

Home: (540)400-0429
Work: (540)793-0384X
XXX-XX-7872

Signed by: Mark Greenawald MD on 10/11/2006
Method used: Print then Give to Patient

Radiology Diagnosis

FOOT PAIN RIGHT(ICD-729.5)

Radiology Orders

X-Rays

Other: R foot series

Clinical Hx: Blunt trauma to R foot 4 days ago with ongoing pain and swelling dorsal surface.

Vital Signs

Height (inches): 67 Cannot Measure Weight: declined

Last PAP: 07/21/2006

Temperature: 97.6 degrees F (oral) Pulse rate: 83

Respirations: 16

Blood Pressure: 110/72 mm Hg

Alternative Therapies

tylenol

Pain Assessment

Pain on a 0 (none) to 10 (unbearable) scale.

Pain grade 6 Onset: friday Location: right foot

Duration: constant Intensity: throbbing Allev Fact: none

Exacerbating Factors: none Sedation Scale: alert

Nursing Assessment:

Friday injured foot. Foot hit by phone charger cord. Having swelling and pain
Interest in Advanced Directive: Not Interested

Trigger Questions

No nutrition triggers met.

*Medical, financial needs (PFS).

No functional triggers met.

No barriers to learning.

.....Jill Maggi LPN October 11, 2006 2:08 PM

Signed by Mark Greenawald MD on 10/11/2006 at 3:28 PM

Carilion Family Medicine - Roanoke-Salem
1314 Peters Creek Road NW Roanoke, VA 24017
(540) 562-5700 Fax: (540) 562-4278

October 17, 2006
Page 1
Chart Document

NICOLE N SIMPSON

DOB: 08/30/1984
Female

Home: (540)400-0429
Work: (540)793-0384X
XXX-XX-7872

10/11/2006 - Office Visit: Hurt foot friday
Provider: Mark Greenawald MD
Location of Care: Carilion Family Medicine - Roanoke-Salem

Assessment

(ICD-729.5) Dx of FOOT PAIN, RIGHT
(ICD-825.22) Dx of FX CLOSED FOOT, NAVICULAR
(ICD-924.20) Dx of CONTUSION, RIGHT FOOT

Plan

x-ray R foot with disruption of the periosteum dorsum of the talus, c/w small fx. No displacement or chip fragments.
May take 1-2 weeks for soft tissue injury to heal.
Given location and extent, will treat expectantly with NSAIDS, Ice, rest as needed. May ambulate as tolerated. To return if sx worsen, o/w FU 1 week.
Patient understands and is in agreement with treatment plan.

Current Medication List:

PRENATAL VITAMINS TABS (PRENATAL MULTIVIT-MIN-FE-FA) 1 by mouth daily
IBUPROFEN 600 MG TABS (IBUPROFEN) 1 by mouth 3-4 x / day for foot pain/swelling

Subjective

CC: R foot trauma

HPI: Was hit with the end of a recharger in an unusual accident while visiting in New York. Reported a cord got caught in a vacuum cleaner, causing the weighted end of a recharger to be spun about and hit the dorsum of her R foot numerous times. This occurred on Friday. Has had pain through the weekend with some dorsal swelling and inability to move toes 2-5 due to the pain. Able to walk now with moderate pain. Swelling continues. No hx previous trauma to this foot.

Allergies:

NAPROSYN (NAPROXEN), * RED DYE.
Allergy review Done this visit.

Tobacco Use: never

Passive smoke exposure: No

Physical Exam

Vital Signs: T(F): 97.6 site: oral P: 83 R: 16

BP: 110/72

Ht(In): 67

Gon: stated age, well developed, well nourished and in NAD

Ext: R foot with swelling over proximal dorsal surface appx 2x5 cm in size. exquisitely tender over this area. No discoloration. Tenderness dorsum toes 2-4. Cannot flex these due to pain. I am able to flex and extend them passively with some pain. NV intact distally.

Psych: A+O x 3, no signs of mood, thought or memory difficulty appreciated.

Prescriptions:

IBUPROFEN 600 MG TABS (IBUPROFEN) 1 by mouth 3-4 x / day for foot pain/swelling #30 x 1
Entered and Authorized by: Mark Greenawald MD



BY CHOICE HOTELS

COMFORT INN & SUITES

425 EAST ROUTE 59
 NANUET, NY 10954 USA
 (845) 623-6000

comfortinnnanuet@yahoo.com

Account: 254681

Date: 10/07/06

Page: 1 of 1

Room: 128 RACK

Arrival Date: 10/04/06 18:57

Departure Date: 10/07/06 10:47

Frequent Traveler ID:

You were checked out by: ML

You were checked in by: AB

SIMPSN, ROSALIND

1048 GROVE LN

ROANOKE, VA 24012 US

Post Date	Description	Comment	Amount
10/04/06	CINEMA /PAY MOVIE	CINEMA /PAY MOVIE	10.99
10/04/06	SALES/MISC TAX	SALES/MISC TAX	0.88
10/04/06	ROOM CHARGE	#128 SIMPSN, ROSALIND	129.00
10/04/06	ROOM TAX	ROOM TAX	10.32
10/05/06	CINEMA /PAY MOVIE	CINEMA /PAY MOVIE	10.99
10/05/06	SALES/MISC TAX	SALES/MISC TAX	0.88
10/05/06	ROOM CHARGE	#128 SIMPSN, ROSALIND	129.00
10/05/06	ROOM TAX	ROOM TAX	10.32
10/06/06	CINEMA /PAY MOVIE	CINEMA /PAY MOVIE	11.99
10/06/06	SALES/MISC TAX	SALES/MISC TAX	0.96
10/06/06	ROOM CHARGE	#128 SIMPSN, ROSALIND	139.00
10/06/06	ROOM TAX	ROOM TAX	11.12
10/07/06	VISA PAYMENT	VISA PAYMENT	465.45

Acc: xxxxxxxxxxx1110

Balance Due: 0.00

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

x _____

- 33.97 movie fee



BY CHOICE HOTELS

COMFORT INN & SUITES

425 EAST ROUTE 59
 NANUET, NY 10954 USA
 (845) 623-6000
 comfortinnnanuet@yahoo.com

Room: 128

Arrival Date: 10/04/06

Departure Date: 10/07/06

Account: 254681

Frequent Traveler ID:

Approval Number: 827582

Card Type: VI

Date: 10/7/2006

Card Number: xxxxxxxxxxx1110

Total: 465.45

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

x _____

ROSALIND SIMPSN
 1048 GROVE LN
 ROANOKE, VA 24012 US

Yahoo! Mail - comfortinnnanuet@yahoo.com

Page 1 of 1

YAHOO! MAIL

SCANNED
UP - 13th

Print - Close Window

Subject: RE: Incident Report: 10/06/06

Date: Fri, 13 Oct 2006 18:09:11 -0400

From: "Jeff Weinberger" <jeff@callberbuilders.com>

To: "Comfort Inn & Suites - Nanuet" <comfortinnnanuet@yahoo.com>

Please make a follow up phone call to this guest to apologize and find out if there was any sustained injury. After the call write down what she said, date and sign the memo to the file.

Why did it take so long for me to get this?? Incident reports should be sent to me (scanned and emailed) within 24 hours from the time of occurrence.

Why did you stop sending me daily reports? It would be nice to know how my business is doing.

Are we full this weekend??

emailed the
comp down
then took
uparts.

From: Comfort Inn & Suites - Nanuet [mailto:comfortinnnanuet@yahoo.com]

Sent: Friday, October 13, 2006 12:40 PM

To: Jeff Weinberger

Subject: Incident Report: 10/06/06

Please see attached report...

Millie

Comfort Inn & Suites
425 East Route 59
Nanuet, NY 10954
845 623-6000 Phone
845 623-9338 Fax

At 1st I told Millie
to wait & see if guest
was going to Hospital -
She wasn't sure -
They decided to go home
for treatment -
I spoke with mother - who
said she did have a small
fracture on her foot -

Do you Yahoo!?

Everyone is raving about the all-new Yahoo! Mail.

& was healing -
I told her to send me
billing - & again apologize
for the mishap - she
was understanding about
the matter -

I told Millie
to scan this incident
report to you - because
of the delay in getting
the billing - she
tried but system was down -

scanning
was down

Joey

Roselyn Simpson



BY CHOICE HOTELS

COMFORT INN & SUITES - INCIDENT REPORT

Today's Date: 10/6/06
 Approximate Time of Incident: 10:15 [] am [x] pm
 Discovered by: _____

Date of Incident: 10/6/06
 Weather: 10/9
 Report Done by: Jilly Montalvo

Please check one in each category

INCIDENT TYPE	LOCATION	LOSS TYPE
Slip & Fall	Room # <u>128</u>	Guest Injury
Personal Injury	Hallway	Guest Property
Death	Stairs/Stairwell	Cash
Rape/Attempt	Parking Lot	
Harassment	Grounds	COMPANY PROPERTY
Robbery/Attempt	Elevator	Other:
Burglary/Attempt	Restrooms	
Theft of//from Vehicle	Lobby	AMOUNT OF LOSS
Property Damage by Vehicle	Pool Area	Cash:
Mysterious Disappearance	Storage Area	Property:
Vandalism	Basement	
Fire/Smoke Damage	Office	
Natural Disaster	Meeting Room(s)	
Other:	Restaurant	
	Lounge	
	Kitchen	
	Other:	

Victim [name/address/phone]: Viade Simpson 1048 Grove Lane
Roanoke VA 24012

Age: 22 Sex: [] male [x] female

Witness [name/address/phone]: _____

Please explain circumstances (do not say "guest fell" when you really meant to say "guest says that they fell down")

Guest claims when the housekeeper was vacuuming the carpet for the phone cleaner got tripped on the vacuum and on the pump hit the wall and hit her on top of her foot and her small toes. Right leg!

Police called? [] yes [] no

1-540-400-0429



COMFORT INN & SUITES
425 EAST ROUTE 59
NANUET, NY 10954 USA
(845) 623-6000
comfortinnnanuet@yahoo.com

Account: 255210
Date: 10/06/06
Page: 1 of 1
Room: 129 GROUP
Arrival Date: 10/05/06 20:35
Departure Date: 10/06/06 12:03
Frequent Traveler ID:
You were checked out by: LG
You were checked in by: JZ
COLONIAL MANOR
135 ORANGEBURG RD
OLD TAPPAN, NJ 10983 US

*Rosey
Singer*

FLYNN, CRISSI
GET ADDRESS
NANUET, NY 10954 US

Post Date	Description	Amount	Balance
10/05/06	ROOM CHARGE	#129 FLYNN, CRISSI	119.00
10/05/06	ROOM TAX	ROOM TAX	9.52
10/06/06	VISA PAYMENT	VISA PAYMENT	-128.52
		Acct: xxxxxxxxxxxx2011	
		Balance Due:	0.00

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

x _____

*noticed no redness or marks
on her foot. She claims she could
not move her toes. Stepped out of the
room Parents said they would try to
stand her up. Parents refuse ambulance
they said they would take her to the emergency.
Room.*



COMFORT INN & SUITES
425 EAST ROUTE 59
NANUET, NY 10954 USA
(845) 623-6000
comfortinnnanuet@yahoo.com

Room: 129
Arrival Date: 10/05/06
Departure Date: 10/06/06
Account: 255210
Frequent Traveler ID:

Approval Number: 354544
Card Type: VI
Date: 10/6/2006
Card Number: xxxxxxxxxxxx2011
Total: 128.52

CRISSI FLYNN
GET ADDRESS
NANUET, NY 10954 US

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

x _____

Yahoo! Mail - comfortinnnanuet@yahoo.com

Page 1 of 1

YAHOO! MAIL

Print - Close Window

Date: Fri, 13 Oct 2006 09:40:11 -0700 (PDT)

From: "Comfort Inn & Suites - Nanuet" <comfortinnnanuet@yahoo.com>

Subject: Incident Report: 10/06/06

To: "Jeff Weinberger" <jeff@caliberbuilders.com>

Please see attached report...

Millie

Comfort Inn & Suites
425 East Route 59
Nanuet, NY 10954
845 623-6000 Phone
845 623-9338 Fax

Do you Yahoo!?
Everyone is raving about the all-new Yahoo! Mail.

Attachments

Files:

 Incident_Report_Nicole_Simpson_Rm_128_100606.pdf (173k)

NANUET COMFORT INN & SUITES



BY CHOICE HOTELS

October 5, 2007

Ms. Rosalind Simpson
& Ms. Nicole Simpson
1048 Grove Lane
Roanoke, VA 24012

Dear Ms. Simpson:

Please be advised that we received your letter and attachments on October 4th.

We have forwarded the information to our insurance carrier and you should be hearing from them shortly.

Sincerely,

A handwritten signature in cursive script that reads 'Lorrie Crouch'.

Lorrie J. Crouch
General Manager

J



COMFORT INN & SUITES
425 EAST ROUTE 59
NANUET, NY 10954
(845) 623-9338

BY CHOICE HOTELS

Accident Report

Date: 2/14/07 Date of accident: 2/14/07
Weather: Very Snowy Approx time of accident: 3:15 PM
Report done by: [Signature]
Name of injured: Stillerman, Phillip Telephone: (845) 463-2388 Age:
Address: 15 East Rickg Lane
City: Poughkeepsie State: NY Zip Code: 12601
Description of injuries [please be specific]:
Left arm hurts

Describe conditions at place of occurrence:
Lobby Floor was wet

Comments made by injured:
State My arm hurts but I don't know if any damage
Didn't want medical A Hender

Medical assistance: ☐ Yes ☒ No

Physician's name & address:

Revision - Later requested Medical assistance - Called Police Ambulance came - brought to hospital for evaluation.

Hospital & How Taken:

Police Officer: Attendant:

Witness: ☐ Yes ☐ No Name & Address:

Full description of injured: A Height 5'8" white male - middle aged

Footwear: ☐ Yes ☐ No Heels: ☐ High ☐ Low ☐ Boots ☒ Rubbers ☐ Other: Shoes

☐ Eyeglasses ☐ Reading ☐ Bi-focal ☐ Other: ☐ Carrying Packages

☒ Injured refused medical attention Is injured taking any medications? ☐ Yes ☒ No

THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE AND I AM AWARE THAT ANY WILLFUL OMISSION OR FALSIFICATION COULD BE FRAUDULENT AND COULD MAKE ME LIABLE FOR PROSECUTION.

Date & Time of Report

Signature of Person Completing Report

Injured's Signature

Title



COMFORT INN & SUITES
425 EAST ROUTE 59
NANUET, NY 10954
(845) 623-9338

BY CHOICE HOTELS

Incident Report

Date: 2/14/07
Weather: SNOW
Discovered by: LC

Date of incident: 2/14/07
Approx time of incident: 3:15 PM
Report done by: [Signature]

PLEASE CHECK ONE IN EACH CATEGORY

Incident Type	Location	Loss Type
<input checked="" type="checkbox"/> Slip & Fall	Room #	Guest Injury
<input type="checkbox"/> Personal Injury	Hallway	Guest Property
<input type="checkbox"/> Death	Stairs / Stairwell	Cash
<input type="checkbox"/> Rape / Attempt	Parking Lot	Company Property
<input type="checkbox"/> Harassment	Grounds	Other
<input type="checkbox"/> Robbery / Attempt	Elevator	
<input type="checkbox"/> Burglary / Attempt	Restrooms	Amount of Loss
<input type="checkbox"/> Theft of / from vehicle	Lobby	Cash
<input type="checkbox"/> Property Damage	Pool Area	Property
<input type="checkbox"/> Mysterious Disappearance	Storage Area	
<input type="checkbox"/> Vandalism	Basement	
<input type="checkbox"/> Fire / Smoke Damage	Office	
<input type="checkbox"/> Natural Disaster	Meeting Rooms	
<input type="checkbox"/> Other	Restaurant	
	Lounge	
	Kitchen	
	Meeting Room(s)	
	Other	

Victim (name/address/phone): _____

Age: _____ Sex: _____

Witness (name/address/phone): _____

Please explain circumstances (don't say "guest fell" when you really meant to say "guest says that they fell down")

Rm # 334
[Signature]

POLICE CALLED

☐ YES

☒ NO



SELECTIVE
Insurance

SELECTIVE INSURANCE
40 Wantage Avenue
Branchville, New Jersey 07890
1-800-777-9656

February 16, 2007

Palisades Lodging Corp T/a Comfort Inn- Nanuet Rockland
425 E Route 59
Nanuet, NY 10954-2908

|||||

RE: INSURED: Palisades Lodging Corp T/a Comfort Inn- Nanuet Rockland
CLAIMANT: PHILLIP STILLERMAN
CLAIM NUMBER: 20635441
DATE OF LOSS: 2/14/2007
POLICY NUMBER: S1484818
AGENT NUMBER: 00-01502-00000

Dear Policyholder:

This letter is sent to acknowledge receipt of your recent claim. This loss was reported to us on 02/16/2007.

If you have not been contacted regarding this claim please contact me at the number listed below. If your claim has already been settled there is no need to contact us.

Thank you.

Sincerely,

Simone Laraia, AIC
PO Box 2507
Oak Ridge, NJ 07438
(973) 208-8581

REGIONAL OFFICE
P.O. Box 7950
Trenton, NJ 08650-7950
(973) 948-2900
(800) 727-9656

Bollinger

Insurance Since 1876

PROPERTY & CASUALTY CLAIMS DEPARTMENT

P.O. Box 647, 101 JFK Parkway, Short Hills, New Jersey 07078-0647
Phone 973-467-0444 • Toll-Free 800-526-1379 • Fax 973-921-2876
Web Site: www.BollingerInsurance.com

February 16, 2007

Comfort Inn - Nanuet
425 East Route 59
Nanuet, NY 10954

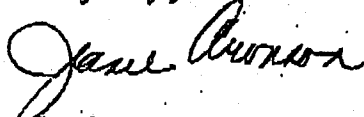
Re:	Insured:	Comfort Inn - Nanuet
	Loss Location:	425 East Rt. #59
	Policy Number:	S1484818
	Date of loss:	2/14/07
	Claimant:	Phillip Stillerman
	Type of Loss:	Liability

Dear Lorrie Crouch:

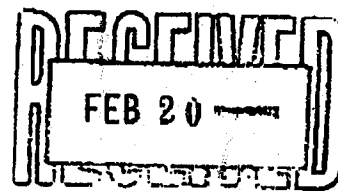
Please be advised that we have received notice of the above captioned claim. We have reported the matter to Selective Ins Co of America for proper handling.

An adjuster from Selective Ins Co of America will be contacting you shortly. If you have any questions or if you wish to discuss this matter in the interim, please do not hesitate to contact me.

Very truly yours,



Jeanie Aronson
Sr. Claims Representative
Bollinger Inc.
(973) 467-8005 Ext. 8241



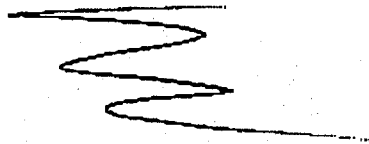
Stillerman

Slip + fall

thought received

Legal papers on

him - In Looking





COMFORT INN & SUITES
425 EAST ROUTE 59
NANUET, NY 10954
(845) 623-9338

BY CHOICE HOTELS

Accident Report

Date: 2/14/07

Date of accident: 2/14/07

Weather: Very Snowy

Approx time of accident: 3:15 PM

Name of injured: Stillerman Phillip

Report done by: [Signature]

Telephone: (845) 463-2588 Age:

Address: 15 East Ricky Lane

City: Poughkeepsie

State: NY

Zip Code: 12601

Description of injuries [please be specific]:

Left arm hurts

Describe conditions at place of occurrence:

Lobby Floor was wet

Comments made by injured:

Stated My arm hurts but I don't know if any damage
Didn't want medical attention

Medical assistance: ☐ Yes ☒ No

Physician's name & address:

Revision - Later requested Medical assistance - Called Police. Ambulance came - brought to hospital for evaluation.

Hospital & How Taken:

Police Officer:

Attendant:

Witness: ☐ Yes ☐ No Name & Address:

Full description of injured:

A Height 5'8" white male - middle aged

Footwear: ☐ Yes ☐ No Heels: ☐ High ☐ Low ☐ Boots ☒ Rubbers ☐ Other:

☐ Eyeglasses ☐ Reading ☐ Bi-focal ☐ Other: ☐ Carrying Packages

☒ Injured refused medical attention

Is injured taking any medications? ☐ Yes ☒ No

THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE AND I AM AWARE THAT ANY WILLFUL OMISSION OR FALSIFICATION COULD BE FRAUDULENT AND COULD MAKE ME LIABLE FOR PROSECUTION.

Date & Time of Report

Signature of Person Completing Report

Injured's Signature

Title



COMFORT INN & SUITES
425 EAST ROUTE 59
NANUET, NY 10954
(845) 623-9338

BY CHOICE HOTELS

Incident Report

Date: 2/14/07
Weather: SNOW
Discovered by: LC

Date of incident: 2/14/07
Approx time of incident: 3:15 PM
Report done by: [Signature]

PLEASE CHECK ONE IN EACH CATEGORY

Incident Type	Location	Loss Type
<input checked="" type="checkbox"/> Slip & Fall	Room #	Guest Injury
<input type="checkbox"/> Personal Injury	Hallway	Guest Property
<input type="checkbox"/> Death	Stairs / Stairwell	Cash
<input type="checkbox"/> Rape / Attempt	Parking Lot	Company Property
<input type="checkbox"/> Harassment	Grounds	Other
<input type="checkbox"/> Robbery / Attempt	Elevator	
<input type="checkbox"/> Burglary / Attempt	Restrooms	Amount of Loss
<input type="checkbox"/> Theft of / from vehicle	Lobby	Cash
<input type="checkbox"/> Property Damage	Pool Area	Property
<input type="checkbox"/> Mysterious Disappearance	Storage Area	
<input type="checkbox"/> Vandalism	Basement	
<input type="checkbox"/> Fire / Smoke Damage	Office	
<input type="checkbox"/> Natural Disaster	Meeting Rooms	
<input type="checkbox"/> Other	Restaurant	
	Lounge	
	Kitchen	
	Meeting Room(s)	
	Other	

Victim (name/address/phone): _____

Age: _____ Sex: _____

Witness (name/address/phone): _____

Please explain circumstances (don't say "guest fell" when you really meant to say "guest says that they fell down")

Rm # 334
[Signature]

POLICE CALLED

☐ YES

☒ NO



SELECTIVE
Insurance

SELECTIVE INSURANCE
40 Wantage Avenue
Branchville, New Jersey 07890
1-800-777-9656

February 16, 2007

Palisades Lodging Corp T/a Comfort Inn- Nanuet Rockland
425 E Route 59
Nanuet, NY 10954-2908

|||||

RE: INSURED: Palisades Lodging Corp T/a Comfort Inn- Nanuet Rockland
CLAIMANT: PHILLIP STILLERMAN
CLAIM NUMBER: 20635441
DATE OF LOSS: 2/14/2007
POLICY NUMBER: S1484818
AGENT NUMBER: 00-01502-00000

Dear Policyholder:

This letter is sent to acknowledge receipt of your recent claim. This loss was reported to us on 02/16/2007.

If you have not been contacted regarding this claim please contact me at the number listed below. If your claim has already been settled there is no need to contact us.

Thank you.

Sincerely,

Simone Larcia, AIC
PO Box 2507
Oak Ridge, NJ 07438
(973) 208-8581

REGIONAL OFFICE
P.O. Box 7950
Trenton, NJ 08650-7950
(973) 948-2900
(800) 727-9656

Bollinger
Insurance Since 1876

PROPERTY & CASUALTY CLAIMS DEPARTMENT

P.O. Box 647, 101 JFK Parkway, Short Hills, New Jersey 07078-0647
Phone 973-467-0444 • Toll-Free 800-526-1379 • Fax 973-921-2876
Web Site: www.BollingerInsurance.com

February 16, 2007

Comfort Inn - Nanuet
425 East Route 59
Nanuet, NY 10954

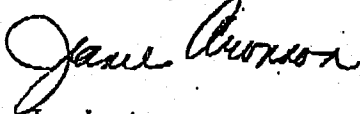
Re:	Insured:	Comfort Inn - Nanuet
	Loss Location:	425 East Rt. #59
	Policy Number:	S1484818
	Date of loss:	2/14/07
	Claimant:	Phillip Stillerman
	Type of Loss:	Liability

Dear Lorrie Crouch:

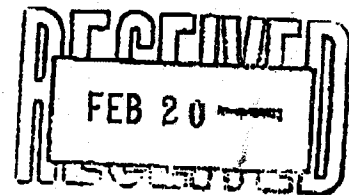
Please be advised that we have received notice of the above captioned claim. We have reported the matter to Selective Ins Co of America for proper handling.

An adjuster from Selective Ins Co of America will be contacting you shortly. If you have any questions or if you wish to discuss this matter in the interim, please do not hesitate to contact me.

Very truly yours,



Jeanie Aronson
Sr. Claims Representative
Bollinger Inc.
(973) 467-8005 Ext. 8241



K

NIGHT AUDIT SERVICE AGREEMENT

This agreement between Auditors Express, as represented by Ignacio Rangel and The Sheraton Inn-Nanuet, represented by Jeff Weinberger is for the purpose to legally establish an amicable and efficient working relationship between the parties hereto.

Effective _____, Auditors Express will perform the Night Audit Service for Sheraton Inn-Nanuet, nightly, seven days per week, between the hours of 11:00 pm and 7:00am in the most responsible manner to include the following conditions:

One Auditor to conduct a full night audit, F&B included. He or she will follow, obey and perform all duties as established by the hotel's management. The auditor may remain at the hotel past his shift for the purpose of finding audit related errors or to complete required reports, without any extra cost to the hotel. The auditor will be properly dressed with shirt and tie at all times. The hotel management will reserve the right to approve any and all auditors assigned to the hotel. Auditors Express will accept all refusals with a reasonable written explanation.

Auditors Express will be held responsible for any and all thefts by its employees with established proof. Auditors Express shall also be responsible for providing and adhering to state and federal regulations with regards to taxes, unemployment benefits, social security contributions and workmen's compensation for its staff. The hotel will not be held liable for the persons representing Auditors Express during working hours and not complying with established hotel policies and procedures.

For the services which Auditors Express agrees to perform, Sheraton Inn Nanuet will pay Auditors Express the sum of ~~\$725.00~~ Seven hundred ^{x Hundred twenty five dollar} ~~seventy five dollar~~ ^{per} ~~per~~ seven day week, from Sunday through Saturday, within 10 days of billing. ~~This figure will change to \$715.00 after 90 days of uninterrupted service.~~ The 10 days billing cycle will carry an additional 5 days grace period before lack of payment will be considered a breach of contract.

If and when Auditors arrive late, Auditors Express will pay the Hotel or waiting staff for coverage. Should Auditor have to remain to cover absent or late front desk staff, Auditors Express will bill the hotel for its extra time cost.

This agreement may be terminated by either party with a 30 days written notice. If and when a yearly increase in remuneration is necessary, a 30 days notice will be made available by Auditors Express.

The Sheraton Inn-Nanuet's management will assume responsibility for all legal expenses arising out of Auditors Express efforts to collect any of the above mentioned \$\$\$.

In witness whereof: The parties hereto have herunto approved and signed this Auditors Agreement on January 23, 1991

AUDITORS EXPRESS

Ignacio Rangel
Iggy Rangel

RODARDEL MANAGEMENT CORP T/A
Sheraton Inn-Nanuet

Jeff Weinberger, vice pres.

IGNARAN-01 COAM

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 2/7/2008
PRODUCER Nelson & Ward Co. 454 Morris Avenue Springfield, NJ 07081	(973) 379-7270	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Ignacio Rangel t/a Auditors Express P.O. Box 1276 Bloomfield, NJ 07003		INSURERS AFFORDING COVERAGE INSURER A: Travelers Insurance Co. INSURER B: Liberty Mutual Ins Co INSURER C: INSURER D: INSURER E:
		NAIC # 25682

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE TYPE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER- POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	680701W8090	2/6/2007	2/6/2008	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	680701W8090	2/6/2007	2/6/2008	COMBINED SINGLE LIMIT (Ex accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC7-33S-319155-017	1/11/2007	1/11/2008	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E1. EACH ACCIDENT \$ 500,000 E1. DISEASE - EA EMPLOYEE \$ 500,000 E1. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Comfort Inn Nanuet
Lori General Mgr
425 E Rt. 59
Nanuet, NY 10954-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Amy Cohen

ACORD 25 (2001/08)

© ACORD CORPORATION 1998

P. 001/001

(FAX) 8452659338

COMFORT INN

FEB-07-2008 (THU) 12:34

ACORD <small>TM</small> CERTIFICATE OF LIABILITY INSURANCE				IGNARAN-01 COAM DATE (MM/DD/YYYY) 2/7/2008													
PRODUCER Nelson & Ward Co. 454 Morris Avenue Springfield, NJ 07081			(973) 379-7270 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.														
INSURED Ignacio Rangel t/a Auditors Express P.O. Box 1276 Bloomfield, NJ 07003			INSURERS AFFORDING COVERAGE INSURER A: Liberty Mutual Ins Co INSURER B: INSURER C: INSURER D: INSURER E:		NAIC # 												
COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																	
INSR ADD'L LTR NRSG	TYPE OF INSURANCE <input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$</td></tr> <tr><td>PRODUCTS - COMPOD AGG</td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$	GENERAL AGGREGATE	\$	PRODUCTS - COMPOD AGG	\$
EACH OCCURRENCE	\$																
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$																
MED EXP (Any one person)	\$																
PERSONAL & ADV INJURY	\$																
GENERAL AGGREGATE	\$																
PRODUCTS - COMPOD AGG	\$																
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$				
COMBINED SINGLE LIMIT (Ea accident)	\$																
BODILY INJURY (Per person)	\$																
BODILY INJURY (Per accident)	\$																
PROPERTY DAMAGE (Per accident)	\$																
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td>\$</td></tr> <tr><td>OTHER THAN EA ACC</td><td>\$</td></tr> <tr><td>AUTO ONLY: AGG</td><td>\$</td></tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN EA ACC	\$	AUTO ONLY: AGG	\$						
AUTO ONLY - EA ACCIDENT	\$																
OTHER THAN EA ACC	\$																
AUTO ONLY: AGG	\$																
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$		\$		
EACH OCCURRENCE	\$																
AGGREGATE	\$																
	\$																
	\$																
	\$																
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC7-33S-319155-018	1/11/2008	1/11/2009	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$ 500,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$ 500,000</td> </tr> </table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER		E.L. EACH ACCIDENT		\$ 500,000	E.L. DISEASE - EA EMPLOYEE		\$ 500,000	E.L. DISEASE - POLICY LIMIT		\$ 500,000
<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER																
E.L. EACH ACCIDENT		\$ 500,000															
E.L. DISEASE - EA EMPLOYEE		\$ 500,000															
E.L. DISEASE - POLICY LIMIT		\$ 500,000															
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS 																	
CERTIFICATE HOLDER Comfort Inn Nanuet Lori General Mgr 425 E Rt. 59 Nanuet, NY 10954-			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Amy Cohen</i>														